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|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------|--------------------------------------|----------------|----------------------------|----------------|--------------|
| Effective on                                                                                                                                   | Complete if Known                                                                    |                            |                                      |                |                            |                |              |
| Fees pursuant to the Consolidated A                                                                                                            |                                                                                      |                            | 10/550,710-Conf. #4015               |                |                            |                |              |
| FEE TRAN                                                                                                                                       |                                                                                      |                            | September 26, 2005                   |                |                            |                |              |
| For FY 2009                                                                                                                                    |                                                                                      |                            |                                      |                | Toshio NOMURA K. T. Nguyen |                |              |
|                                                                                                                                                |                                                                                      |                            |                                      |                |                            |                |              |
| Applicant claims small entity status. See 37 CFR 1.27                                                                                          |                                                                                      |                            | Art Unit 2628                        |                |                            |                | <u> </u>     |
| TOTAL AMOUNT OF PAYMENT (\$) 260.00                                                                                                            |                                                                                      |                            | Attorney Docket                      | 1152-0325PU    | 52-0325PUS1                |                |              |
| METHOD OF PAYMENT (c                                                                                                                           | heck all that a                                                                      | pply)                      |                                      |                |                            |                |              |
| Check Credit Card                                                                                                                              | Money                                                                                | Order No                   | ne Other (                           | please identif | y):                        |                |              |
| X Deposit Account Deposit Ac                                                                                                                   | count Number:                                                                        | 02-2448                    | Deposit                              | Account Name   | : Birch, Stewar            | t, Kolasch & E | Birch, LLP   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                         |                                                                                      |                            |                                      |                |                            |                |              |
| X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                                                       |                                                                                      |                            |                                      |                |                            |                |              |
| Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17                                                             |                                                                                      |                            |                                      |                |                            |                |              |
| FEE CALCULATION                                                                                                                                |                                                                                      |                            |                                      |                |                            |                |              |
| 1. BASIC FILING, SEARCH, AI                                                                                                                    | ND EXAMINA                                                                           | TION FEES                  |                                      |                |                            |                |              |
|                                                                                                                                                | FILING FE                                                                            |                            | ARCH FEES                            | EXAMIN         | IATION FEES                | }              |              |
| Application Type F                                                                                                                             |                                                                                      | l Entity<br>e (\$) Fee (\$ | Small Entity Fee (\$)                | Fee (\$)       | Small Entity<br>Fee (\$)   | Fees P         | aid (\$)     |
| Utility                                                                                                                                        |                                                                                      | 65 540                     | 270                                  | 220            | 110                        |                |              |
| •                                                                                                                                              |                                                                                      | 10 100                     | 50                                   | 140            | 70                         |                |              |
|                                                                                                                                                |                                                                                      | 10 330                     | 165                                  | 170            | 85                         |                |              |
|                                                                                                                                                |                                                                                      | 65 540                     | 270                                  | 650            | 325                        |                |              |
|                                                                                                                                                |                                                                                      | 10 0                       | 0                                    | 0              | 0                          |                |              |
| 2. EXCESS CLAIM FEES                                                                                                                           |                                                                                      |                            |                                      |                |                            |                | Small Entity |
| Fee Description                                                                                                                                |                                                                                      |                            |                                      |                |                            | Fee (\$)       | Fee (\$)     |
| Each claim over 20 (including Reissues)                                                                                                        |                                                                                      |                            |                                      |                |                            | 52             | 26           |
| Each independent claim over 3 (including Reissues)                                                                                             |                                                                                      |                            |                                      |                |                            | 220            | 110          |
| Multiple dependent claims                                                                                                                      |                                                                                      |                            |                                      | 390            | 195                        |                |              |
| 00 110                                                                                                                                         |                                                                                      |                            |                                      |                | ultiple Depend             |                |              |
| $\frac{34 - ^{29} \text{ or HP}}{\text{HP} = \text{highest number of total claims paid for, if greater than 20.}} = \frac{260.00}{\text{Fee}}$ |                                                                                      |                            |                                      |                | <u>e (\$)</u>              | Fee Paid (\$)  | !            |
|                                                                                                                                                | _                                                                                    |                            | oo Doid (\$\                         |                |                            |                | _            |
| Indep. Claims Extra C                                                                                                                          | laims Fee                                                                            | <u>(\$)</u> =              | ee Paid (\$)                         |                |                            |                |              |
| -7 or HP = HP = highest number of independent                                                                                                  |                                                                                      | greater than 3.            |                                      |                |                            |                |              |
| 3. APPLICATION SIZE FEE If the specification and drawir listings under 37 CFR 1.52 sheets or fraction thereof.                                 | (e)), the applic                                                                     | cation size fee du         | ie is \$270 (\$135 f                 |                |                            |                |              |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof                                                                     |                                                                                      |                            |                                      |                |                            | Fee Paid (\$)  |              |
| 100 = /50 = (round <b>up</b> to a whole number) x  4. OTHER FEE(S)                                                                             |                                                                                      |                            |                                      |                | ^                          | Foor           | Paid (\$)    |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                |                                                                                      |                            |                                      |                |                            |                |              |
| Other (e.g., late filing surcha                                                                                                                | •                                                                                    | ^                          | - ·· <del> y</del>                   |                |                            |                |              |
|                                                                                                                                                | $\eta = 1$                                                                           | <del></del>                |                                      |                |                            |                | -            |
| SUBMITTED BY Signature                                                                                                                         | Xu Xn                                                                                | ul                         | Registration No.<br>(Attorney/Agent) | 29,271         | Telephone                  | (703) 205      | -8000        |
| Name (Print/Type) Charles Gore                                                                                                                 | - A                                                                                  |                            | (Attorney/Agent)                     |                | Date                       | June 8         |              |

